



KIDCARE UPDATE

November 2002

Service Update:

Over the past several months, KidCare has continued to take shape through the initiation of new services throughout the state. All eleven mobile crisis teams are up and running and data collected over the first fiscal quarter (July through September) indicate that over 1000 calls were received and responded to by our crisis units. Not surprisingly, suicidal ideation/gesture was the primary reason for referral to the crisis teams, followed closely by depression and severe acting out behaviors. Preliminary data suggests that calls are coming from all segments of the community: parents, schools, DCF workers, hospitals, and foster parents, to name a few.

Additional Care Coordinators are being hired and are receiving specialized training in areas related to treatment planning, strength based assessment and use of flexible funding to assist children in unique and non traditional ways. Funding through KidCare has assisted with increased diversification of the Care Coordination program; include male care coordinators, and additional bi-cultural/bi-lingual Care Coordinators.

A Request for Proposal (RFP) was recently issued for 26 Crisis Stabilization beds. These beds will be used as emergency diagnostic placements for children identified through the mobile crisis teams who need a safe place to stay while additional evaluation occurs, but who do not meet criteria for acute care in a hospital setting. These new crisis beds will be distributed to ensure that children throughout the state can access this valuable resource when necessary. The Department hopes to be able to finish the review and contracting process for these new beds by January 2003.

Training Update:

Over 1000 people have completed KidCare training to date. Commissioners Ragaglia and her executive staff recently participated in a 4-day training led by Cliff Davis, the principle author of the Training curriculum. Commissioner Wilson-Coker from the Department of Social Services also attended this training along with providers and parents from throughout the state.

Substance Abuse and Mental Health Services Administration (SAMHSA) Demonstration Grant:

The Department was recently notified of their successful application for a 9.5 million dollar grant from the SAMHSA. DCF applied for this grant this past spring, proposing a community-service approach through partnership with the Bridgeport community providers, families and schools. This grant marks a 6-year project that will allow for the enhancement of the KidCare initiative in Bridgeport using the nationally embraced system of care approach. Through a collaboration with the Bridgeport Public Schools, the Greater Bridgeport Systems of Care, advocacy organizations, and the local community provider network, the focus of this project will be integrating behavioral health services into 5 Bridgeport schools. DCF is currently engaged in identifying a steering committee and hiring a project director to begin the detailed planning process within this grant opportunity.

Administrative Services Organization (ASO):

KidCare is more than services and a new treatment philosophy. As indicated in all previous reports and presentations, KidCare also refers to a restructuring of the way in which Connecticut finances and administers the children's behavioral health service delivery system. Through the DCF partnership with the Department of Social Services, and more recently with the Department of Mental Health and Addiction Services, KidCare will provide enhanced access to a more complete system of behavioral health services. The Administrative Services Organization will provide administrative support to KidCare and assist DCF and DSS in achieving clinical and administrative objectives.

This new administrative structure will allow DCF to focus on providing services that better meet the needs of children and adolescents with serious behavioral health needs. DCF will have increased input around the kinds of services we wish to develop and around the rates we wish to establish for those services. In addition, we will have access to a new comprehensive data management system that will better inform us about service gaps, service utilization, and quality of care. The ASO, under guidelines crafted by DCF, DSS and DMHAS will identify qualified service providers, assist in billing and payment and help problem solve regarding treatment issues that arise in particularly complex cases. The Request for Proposal for the ASO is currently issued and can be reviewed by going to the Behavioral Health Partnership website at <http://www.ctbhp.state.ct.us/>

Service Resource Directory:

The KidCare Resource Directory has been newly updated. It is now available on the DCF Internet. The Directory is updated periodically to include new service providers; and as necessary, new contact people and phone numbers.